

# 2020 JUNIOR VOLLEYBALL PLAYER MEDICAL RELEASE FORM

This **must be** completed - legibly - and signed in all areas by both the player and his/her parent or guardian. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. ***By signing this form the participant affirms having read and agreed to the terms and conditions listed below.***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Team Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

### **Primary Contact: Parent or Guardian**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Secondary Contact:**  Parent/Guardian  Other: \_\_\_\_\_

Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Primary Insurance Co: \_\_\_\_\_ Primary Group/Policy #: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Participant Signature (regardless of age): X \_\_\_\_\_ Date: \_\_\_\_\_

Participant, \_\_\_\_\_, has my permission to participate in training, competition, events, and activities hosted by Coconut Beach. I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. I agree to allow the authorized adult team personnel to release this information in the event of a medical emergency to a third party medical provider. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

If, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury, I hereby **authorize** you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

I **do not authorize** emergency medical/dental care for my daughter/son.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ADULT PLAYER & JR. GAURDIAN WAIVER

## 2020 COCONUT BEACH VOLLEYBALL CAMP PRESENTED BY PREIMER BEACH VOLLEYBALL CLUB

In consideration of being allowed to participate in the Coconut Beach Volleyball Memorial Day Tournaments agrees that:

1. The risk of injury and/or illness from the activities involved in the program is significant including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce that risk, the risk of serious injury does exist;
2. The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease;
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for my participation;
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring attention of the nearest official immediately; and
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS TO COCONUT BEACH VOLLEYBALL / LOUISIANA PRO BEACH VOLLEYBALL, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, league commissioners, league captains, advertisers and if applicable, owners and lessors of the premises used to conduct the event("Releases"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
6. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, BEFORE ACKNOWLEDGING BY SIGNATURE OR ELECTRONIC ACCEPTANCE BELOW, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT ON MY OWN BEHALF, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

ACKNOWLEDGEMENT BY ADULT & PARENT/GAURDIAN PARTICIPANT:

**By acknowledgement and providing my (and/or my junior dependent's) full name, birth date and acknowledgement by signing signature document attached, I agree and verify with the following: 1.) I consent and agree to assume the risks of participation in these programs; and 2.) that I specifically agree to the release as provided herein of all the Releasees, and, for myself my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

**Athlete's Name:** \_\_\_\_\_ **Athlete's DOB:** \_\_\_\_\_

**Parents Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_